FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS POCUMENT # (9)EXECUTIVE IMAGE INTERIORSCAPE, INC.

## **FILED** May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 61011 01511 4001	
14200 SW 67 AVE MIAMI FL 33158 US			14200 SW 67 AVE Miami Fl. 33189 US				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
							03/29/1991	
2. Principal Place of Business			28. Mailing Address				4- FEI Number	Applied For
21			6				65-0266887	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					75 Additional e Required
City & State			City & State					.00 May Be
23			Zip Country					ded to Fees
Zip	· <del> </del> -		30		ditty		8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes	ir Intangible   
24 25 9. Name and Address of Curre		of Current Regis	tered Agent				10. Name and Address of New Registered Agent	
						Name		
BERG, JOHN/MARY PAT 14200 SW 67 AVE						<del> </del>	(CO D	
	MI FL 33158				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIMMI FL 33136					83			
								7. 6. 1.
					84	City	FL  85	Zip Code
SIGNATURE	to the provisions of Section egistered agent, or both, in familiar with, and accept Signsture, typed or persisoname of					e-named corporation the corporation s.  ent signature requires	oration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment of when reinstating).	ng its registered it as registered
12,		ICERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TITLE	DP				TLE		☐ Chai	nge 🔲 Addition
NAME	BERG, MARY PAT			1.2 N/	AME			
STREET ADDRESS	EET ADDRESS 14200 SW 67 AVE		1.35		REET	I ADDRESS		
CITY-ST-ZIP	MIAMI FL			1.4 CI	1.4 CITY-ST-ZIP			
TITLE	DV	• •		2.1 TI	2.1 TITLE		Chai	nge 🔲 Addition
NAME	BERG, JOHN			2.2 N/	2.2 NAME			
STREET ADDRESS			2		2.3 STREET ADDRESS			
CITY-ST-ZIP	-ST-ZIP MIAMI FL				2. 4 CITY - ST - ZIP			
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NAME				3.2 N/				ļ
STREET ADDRESS						ADDRESS		
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STREET ADDRESS						T ADDRESS		
OINCEL ADDRESS				0.5 5	onet I	AUGULOU		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplicitiental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attrictment with a randoress.